ASS. REC. BY: Sun Pin REF:	Ntuc NS/I	NC20010	160/Qvd3		
	ASSI	GNMENT	<u>Γ</u>		
From: Date:		Veh No:	SHD6499P	Yr Regn: 03/11 /26/1	•
Estimated Cost:		Type: M.Car	/ M.Cycle / Bus / Van / Lo		
OD / TP / WS / TP RES / OD RES / EVA / INV /	<u>MV</u>	Truck	/ Trailer or	. •	
To Inspect Vehicle No:		Make:	Toyota Prius	c.c 1796	
at Workshop m/s		Colour	Maroon	A/C: Insured / Std / NI / NA	1
of		Sp.Reading	327789	T/Radio: Insured / Std / NI / NA	A
Insured: GBC 5167E		Eng/No:		<u>.</u>	
Policy No. 5115408551		C/No:	JTDKB3FUL	103574274	
Claims No. MT/1103891-002		Gén. Cond: 0	Good / Fair / Poor / Burnt		
Sum Insured: Excess:		Steering: Inco	rder / Jammed / Leaked /	Burnt or	
(Client's Record)			rder / Jammed / Leaked /	Burnt or	
Make of Veh:		Modi: Nil	/S/Rim / STD A/Rim or		
		Tyre Size:	F: 195/65		
(Policy Condition)			R: [95/65	RIS	
Remark: The veh had commenced its	N/S O/S	i		MIC / OHTSU / PIR / SUMI /	e
repair at the time of inspection.		TOYO / YO	KO or Atrea	220	
Bal. or Market Value:		<u>Front</u>	/	Rear	
IDAC Accident Rport:Consistent? :		R/Bal.	6 mm	R/Bal. 6 mr	m
GIA / PR Seen: Consistent?		L/Bal.	6 mm	L/Bal. 6 mr	m
Lat. Nepalia.	Yes or No	D.O.A. 18/0	Ch	D.O.I. 21/09/2620	
Lum Sum: % 3 Val.:	Yes or No	Survey held		1/7	
CA / REV / REP. / 24 HRS		Des. of Dam	ages Frt) Rear / O/S /	N/S / U/C / Rooftop or	
Date: Person Contacted:	Vehicle: IN / OUT	The IVC	/ Chassis frame / Body	Structure affected due to collision	ion.
Date / Time   Action / Instruction		1 1110 010	· Onassis frame / Body	Official California and to complete	
7,000,7,1110				TP	
				TAX/09/20/20	
9/10/20 LS \$4,000 confirme	ed by email (Re	d 11,629.	30, 74%)	GBC 5167E	
				·	
*					
					-
- Paring	-	8	2		
Date/Time, File Pass to? : Preli. Repo		Days Of Re			
1) : Final Repor	t	Resurvey N	lo. of Trip: 1	Survey Fee:	
Date/Time, File Return to?	A alal 1°		Inon (¢	Transportation:	
2) 9/10/20-Typist	Add Fee		Insp (\$	_)S+RS,SI	
Francis Famus Ch. TD			view (\$	) Photos	
Report Format: TP	an •		h. Invs (\$	) Others	
Lump Sum / <del>I.B.l.</del> (\$ 4,000	,	: VV6	el:end (\$	-1	_
		(40)		TOTAL	

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Company
Owner ID:	369K
Vehicle Details	
Vehicle No.:	SHD6499P
Vehicle to be Exported:	No
Intended Deregistration Date:	22 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS104511
Chassis No.:	JTDKB3FU403574274
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	03 Nov 2017
First Registration Date:	03 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Nov 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	02 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$21,472.00
Total Rebate Amount:	\$25,222.00
Message	be further renewed. The vehicle must be de-registered upon COE expiry or when the

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Sep 2020

MSR120081232 / SMRT Automotive Services Pie Ltd - Woodlands ENTRY DATE & TIME: 18/09/2020 15:42 SUBMITTEO BY: B. Theiyal Nayagi

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT	
Date Of Report	18/09/2020 15:42	
Date Of Accident	18/09/2020 12:05	
Exact Location Of Accident	BLK 3 LOR 7 TOA PAYOH CAR PARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DETAILS OF OWN VEHICLE	

Vehicle Registration Number

SHD6499P

Insured/Policyholder

Name Of Registered Owner

SMRT TAXIS PTE LTD

Co Reg No 1XXXXX369K
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-80000000

Vehicle Particulars

Manufacturer

TOYOTA

Model

PRIUS TAXI-1.8 (A)

Exact Purpose for which vehicle was being used at

time of accident

HIRE AND REWARD

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

**Insurance Company** 

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

D-20095484MFSH

Cover Note Number

Driver

Name of Driver

LEE JEN HAW (LI ZHENHAO)

 NRIC No
 SXXXX708A

 Date Of Birth
 20/05/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/04/1992

Driving Experience 28 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-80000000

Fax Number

Contact Number EMail Address

NOEMAIL

Page 1 of 9

Address

11

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - RELIEF

Vehicle Registration Number of Driver's Own

Vehicle

> ( ) ( ) ( ) ( ) ( ) ( )

Insurance Company of Driver's Own Vehicle

2

## General Information of the Accident

Type Of Accident
Weather Conditions

SIDE SWIPE

**CLEAR** 

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG BLK 3 TOA PAYOH CAR PARK TOWARDS BLK 7, SUDDENLY THE VEHICLE GBC5167E MOVED OUT FROM THE PARKING LOT ON MY RIGHT. THIRD-PARTY'S SUDDEN ACTION DID NOT GIVE ME AMPLE TIME TO STOP AND MY TAXI COLLIDED ONTO THE LEFT FRONT PORTION OF THE VEHICLE. NO INJURY & NO PASSENGER

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**GBC5167E** 

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

CHEW WAI KEONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

SKETCH PLAN	•	
BIKT	- BIK3	TOA PAYOH LORONG 7
- F - 1 - 1 - 1		TON PASCA LORDING 7
- + 1 = 1 - 1 - 1 = 1		
		1957年,特殊141年1年1月
		A Transfer
A - 3HD6	4063	<del>╵</del> ┇╃┪╬╅┪┪
こうち 内容にあ	1675	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
<del></del>		
		*
DECLARATION		
	culars are true in every respect.	11 1) 18/a/20
	Oriver's Signature (If driver is no) the policyholder) (SCO)	11/4) /8/2/
Olleyholdor's Since V	1.000	W.
olicyholder's Signature ate & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time	Name: \\ NRIC/FIN No.;

# Sketch Plan Pg. 2

### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Stenature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

18/9/20

Name:

NRIC/FIN No .:



## Case Details

Case Reference Number: TAX/09/20/2045

Type of Repair : Accident Repair

Vehicle Registration Number: SHD6499P

Company Type : SMRT Taxis Ple Ltd

Estimation ID: EST-12661-ID

Assigned By : Kwai Leng Gan

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time: 18/09/2020 04:03 AM

Vehicle Age(In Months): 34

# Documents / Photographs

View Documents / Photographs

Total Documents: 0

# **Estimation Details**

#### Spare Part's Cost Detail

	SMRT Recommendation								Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			COVER, FR BUMPER	1	495.50	495.50	25.00	371,63	Replace	1	371.63	Replace - / CR4
One Time Key In	Main			COVER, FR BUMPER LH	1	28.10	28.10	25.00	21.08	Replace	0	O	Not Give ~ XSVC
One Time Key In	Main			COVER, FR BUMPER RH	1	28.10	28.10	25.00	21.08	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace VNCC
One Time Key In	Main			GRILLE SUB- ASSY	1	335.60	335.60	25.00	251.70	Replace	0	0	Check XXV(
One Time Key In	Main			EMBLEM ASSY	1	87.10	87.10	25.00	65,32	Replace	t	65.32	Replace -/ Nec
One Time Key In	Main			GRILLE, RADIATOR	1	165.00	165.00	25.00	123.75	Replace	O	0	Check X SVC
One Time Key In	Main			BRACKET, FR BUMPER	1	99.80	99.80	25.00	74.85	Replace	0	0	Not Give ~ X SVC
One Time Key In	Main			NUMBER PLATE	1	35.00	35.00	0.00	35.00	Replace	0	0	Not Give *X SVE
One Time Key In	Main			NUMBER PLATE FRAME	1	25.00	25.00	0.00	25.00	Replace	0	0	Not Give ~X SVC

Total Spare Part Cost 8,452.04

Surveyor Total 2,808.89

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 6,761.63

Final Sur Total 2,247.11

1/05/2	220			SMRT Recor	umand	ation						Surve	yor Approval
BOM Type	Costing Type	Portion	Material Number	Part Name		List Price Per Unit(\$)	List Price(\$)	Die(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key	Main			SEAL, HOOD TO FR END	1	24.40	24.40	25.00	18.30	Replace	·O!	0	Not Give ~ X SVC
One Time Key In	Main			SUPPORT, FR BUMPER LH	1	82.30	82.30	25.00	61.72	Replace	0	jo:	Not Give ~ X S VC
One Time Key In	Main			SUPPORT, FR BUMPER RH	1	76.90	76.90	25.00	57.68	Replace	न	57.68	Replace Y/BR
One Time Key In	Main			ABSORBER, FR BUMPER	1	70.30	70.30	25.00	52.72	Replace	0	0	Check Y SVC
One Time Key In	Main			REINFORCEMENT FRONT UPPER	1	691.10	691.10	25.00	518.33	Replace	0	0	Check X SVC
One Time Key In	Main			ABSORBER, FR BUMPER LOWER	1	117.00	117.00	25.00	87.75	Replace	0	0	Check X SVC
One Time Key In	Main			REINFORCEMENT FRONT LOWER	1	238.50	238.50	25.00	178.88	Replace	Ō	0.	Check ~ X SVC
One Time Key In	Main			EXTENSION SUBASSY, LH	1	116.30	116.30	25.00	87.22	Replace	0	.0	Not Give ~ X SVC
One Time Key In	Main			EXTENSION SUBASSY, RH	4	116.30	116.30	25.00	87.22	Replace	0	0	Not Give → ★ SVC
One Time Key In	Main			LAMP ASSY, FOG, RH	1	910.20	910.20	10.00	819.18	Replace	0	0	Check Y SVC
One Time Key In	Main			COVER ASSY, ENGINE	1.	180.10	180.10	25.00	135.07	Replace	Ö	Ō	Not Give ~X [VC
One Time Key In	Main			HOOD SUB-ASSY	1.	938.40	938.40	25.00	703.80	Replace	1	0	Repair ×X R
One Time Key In	Main			HINGE ASSY, HOOD, LH	1	57.00	57.00	25.00	42.75	Replace	0	0	Check YX SVC
One Time Key In	Main			HINGE ASSY, HOOD, RH	1	57.00	57.00	25.00	42.75	Replace	0	0	Check ~ X SVC
One Time Key In	Main			CABLE ASSY, HOOD	1	53.20	53.20	25.00	39.90	Replace	0	0	Not Give ~ X SVC

Total Spare Part Cost 8,452.04

Surveyor Total 2,808.89

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 6,761.63

Final Sur Total 2,247.11

	SMRT Recommendation								Surveyor Approval				veyor Approval
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			LOCK ASSY, HOOD	1	131.10	131.10	25.00	98.32	Replace	.0	0	Not Give V X 5 VC
One Time Key In	Main			SUPPORT S/A UPPER	1	364.90	364.90	25.00	273.67	Replace	0	0	Check ~ X SV°
One Time Key In	Main			SUPPORT S/A RH	1	237.00	237.00	25.00	177.75	Replace	0	0	Check V Sve
One Time Key In	Main			SUPPORT, RADIATOR UPPER RH	1	76.70	76.70	25.00	57.53	Replace	0	0	Not Give *X Suc
One Time Key In	Main			UNIT, HEADLAMP , RH	1	2,558.90	2,558.90	10.00	2,303.01	Replace	4	2,303.0	Replace */ CRY.
One Time Key In	Main			COMPUTER SUB- ASSY, HEADLAMP, RH NO.1	1	486.40	486.40	10.00	437.76	Replace	0	0	Not Give ~ XJVC
One Time Key In	Main			INLET, AIR CLEANER, NO 3	1	35.30	35.30	25.00	26.47	Replace	0	Ö	Not Give X Suc
One Time Key In	Main			FENDER SUB- ASSY, FR , RH	1	933.10	933.10	25.00	699.83	Replace	0	0	Not Give ~ X Svc
One Time Key In	Main			EMBLEM, SIDE PANEL ( HYBRID)	1	52.90	52.90	25.00	39.67	Replace	Ö:	Ō	Not Give VX SVC
One Time Key In	Main			LINER, FR FENDER, RH	1	198.40	198.40	25.00	148.80	Replace	0	0.	Not Give V X SVC
One Time Key In	Main			PAD, FR WHEEL RH	1	57.70	57.70	25.00	43.28	Replace	0	0	Not Give ~ X Svc
One Time Key In	Main			BRACE SUB- ASSY, FENDER APRON , RH	1	282.70	282.70	25.00	212.02	Replace	0	0;	Not Give V X Sec
						To	tal Spare P	art Cost	8,452.04		Su	rveyor Total	2,808.89
						Lump	Sum Disc	ount (%)	20.00		Lump	Sum Dis (%)	20
						Fil	nal Spare P	art Cost	6,761.63		Fi	nal Sur Total	2,247.11

1 .	shor	ır'e	Cost	Deta	11

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT RH PORTION	845.00	300	
Total:			845.00	300.00	

### Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
i	Main	TO REPSRAY FRONT BUMPER	378.00	200	-
2	Main	TO RESPRAY FRONT SUPPORT PANEL	180.00	0	
3	Main	TO REPSRAY FRONT HOOD	378.00	200	•
4	Main:	TO RESPRAY FRONT FENDER RH	378.00	0	
5	Main	TO RESPRAY APRON PANEL RH	180.00	0	
Total:			1,494.00	400.00	

### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30 /	-
3	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	Ō	
4	Main	TO REPLACE SUNDRY PARTS	100.00	0	
5	Main	TO WASH AND VACUUM	60.00	0	
Total:			540.00	50.00	

# Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	6,761.63	2,247.11
Total Labour Cost	845.00	300.00
Total Spray Painting	1,494.00	400.00
Other	540.00	50.00
Overall Total	9,640.63	2,997.11
Lump Sum Repair Option		Ø
Lump Sum Total	9,650.00	3,000.00
Surveyor Approved Amount		3,000.00
No of Repair Days*	6	3 dy

Survey Date

	Estimator Assesment(4)	04,70,0.7.000
Remarks	-	L/S, after paint photo
Surveyor Name		Sun Pin (LKK)
Signature	Ø.	
		Save

21/09/2020

# LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting

- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: